

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1941MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26786

SEP 17 1941 791

Primary Registration District No. 1003

Registrar's No. 6578

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3810 DeTonty St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME George Bosche

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Bosche 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 24 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 17 ..hr.min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired11. Industry or business Produce Merchant

MOTHER FATHER { 12. Name George Bosche
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Hoerr
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Bosche
(b) Address 3810 DeTonty St

17. (a) Burial (b) Date thereof August 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) Aug 12 1941 (b) J. H. Prederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3810 DeTonty St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day August
year 1941 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 3
1941 to Aug 10 1941;
that I last saw him alive on Aug 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Carcinoma of ProstateDue to Anterior diseaseOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (c) Means of injury.....
23. Signature L. H. Chapman (M. D. or other) D
Address 2133 Bannock St Day signed 8/14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Frank H. Thompson
3720 W. Kensington
J. 6204
830 to 900
2 to 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank H. Thompson

Licensed Embalmer No. 2245

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.